

Division of Behavioral Health
Driving Under the Influence (DUI) Training & Certification
100 Fair Oaks Lane, 4E-D
Frankfort, KY 40621-0001
(502) 564-9208

DUI INSTRUCTOR CERTIFICATION APPLICATION

Part I Personal Information

Name: _____

Social Security Number: _____ - _____ - _____

Mailing Address (this is the address to which certification results will be mailed):

Telephone Number: _____

Name of Agency/Program: _____

Name of Program Administrator: _____

Address: _____

Telephone Number: _____

Licenses or Certifications:

Part II Employment History

Begin with your present or most recent position. If you have moved to a different position within the same organization and your duties changed, then describe that position separately.

Employed FROM: Month _____ Day _____ Year _____

TO: Month _____ Day _____ Year _____

Title of Position: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

City

State

Zip

Telephone Number: _____

Description of Duties: _____

Employed FROM: Month _____ Day _____ Year _____

TO: Month _____ Day _____ Year _____

Title of Position: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

City

State

Zip

Telephone Number: _____

Description of Duties: _____

(Note: Please copy this page for additional employment)

Part III Education and Training

High School

Diploma Earned: Yes ☐ No ☐

Graduation Date: _____ GED Equivalence Certificate: Yes ☐ No ☐

Undergraduate

Graduation Date: _____ Major: _____

College or University: _____ Minor: _____

Graduate

Graduation Date: _____ Major: _____

College or University: _____ Minor: _____

Part IV Credentials for Instructor

(Please indicate the category in which you are making application to become a certified instructor and enclose the documents to support your eligibility. All applicants must provide original transcript(s), copies of licenses and certificates or letters of recognition from the board(s) issuing licenses or certificates.)

- ☐ Bachelors degree or greater from an accredited college or university.
- ☐ Associate degree from an accredited college or university, with 4000 hours of supervised work experience in direct client services in the substance abuse field.
- ☐ High school diploma or a general education development equivalency certificate with 8000 hours of supervised work experience in direct client services in the substance abuse field.
- ☐ Meet the requirements for a certified assessor in 908 KAR 1:310.
- ☐ Meet the requirements for a clinical services supervisor in 908 KAR 1:310

Part V DUI Instructor Applicant Statement

This is to certify that I am applying for certification as a DUI instructor and that all information on this application and in the attached documents is true and correct. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for instructor certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional rules:

1. I shall deliver education only in a certified DUI program and use only materials, slides, curricula, and exercises approved by the Division of Behavioral Health in their entirety without addition or deletion of core educational information.
2. I shall adhere to Division of Behavioral Health guidelines related to the presentation of educational material and instruction and I shall not knowingly present false or misleading information to my client or misrepresent the policies and philosophies of the Division of Behavioral Health.
3. I shall not engage in unethical practices and I shall agree to abide by the following code of ethics.

Code of Ethics

4. A certified DUI instructor shall:
 - a. Protect the welfare of a client and respect the rights of persons seeking assistance;
 - b. Not discriminate against or refuse service to an individual on the basis of race, gender, religion, national origin, disability or sexual orientation;
 - c. Not engage in a dual relationship with a client that may impair professional judgment or exploit the client;
 - d. Not continue to deliver services unless a client is benefited therapeutically;
 - e. Respect and guard the confidences of a client; and
 - f. Maintain standards of professional competence and integrity and comply with all the policies and procedures of the certified DUI program where I am employed; and
 - g. Agree to protect a client's confidentiality by keeping all records, materials and knowledge concerning the client confidential and not releasing any information about the client without the written consent of the client or a court order.

Signature of Applicant

Date

For Division of Behavioral Health Use Only

Reviewed By: _____ Date: _____

☐ Accepted

☐ Not Accepted

Comments: _____

